

Family PACT: Enrolled Provider Responsibilities and Other Provider Participation



This section outlines administrative practices and other information for Medi-Cal providers that participate in, but are not enrolled in, Family PACT, including services by referral, facilities, labs and pharmacies. These services are always linked to the enrolled Family PACT provider.

Enrolled Provider Responsible for Clients' Access to Care

The Family PACT provider is responsible for client access to Family PACT Program services in accordance with requirements of *Family PACT Standards*. Enrolled Family PACT providers agree to make available to eligible clients the scope of comprehensive family planning core and complication services, consistent with the *Family PACT Standards*, either directly or by referral. The standards, as a program framework, define guidelines to be used for administrative and clinical practice protocols and procedures.

Enrolled providers who do not adhere to Family PACT administrative practices and standards will be disenrolled from the program.

Networking Encouraged

Clinicians, as the enrolled Family PACT provider with the responsibility to ensure client access to services, are encouraged to network and collaborate with other providers including Laboratory and Pharmacy providers. Ensuring that other providers participating in client care have information about the Family PACT Program will help to ensure clients' access and care.

Non-Family PACT Providers

A non-Family PACT, current Medi-Cal provider may render Family PACT services only when the client is referred by an enrolled Family PACT provider. Referred-to rendering clinicians bill fee-for-service according to Family PACT claim submission procedures that require the Family PACT "S" code diagnosis and the method indicator. Additionally, claims must include the Medi-Cal number of the referring Family PACT clinician provider. See the *Family PACT: Claim Form Completion [familypact32 and 33]* sections in this manual for instructions.

Services by Referral

Enrolled Family PACT providers are the primary provider of the clients' reproductive health services and are responsible for client access to all Family PACT services. Providers must make available to Family PACT eligible clients all services in the Family PACT benefits package either directly or by referral. Clients must be referred only to enrolled Medi-Cal providers. A provider may refer clients for the following services:

- Family PACT related laboratory services. The laboratory bills EDS directly. The laboratory claim must include the primary and any secondary or concurrent diagnosis code. The laboratory claim must also identify the clinician provider requesting the tests, according to Medi-Cal policy.
- Family PACT medications and supplies listed on the Family PACT Pharmacy Formulary. The pharmacy bills EDS directly. The pharmacy TAR service is used for treatment of Family PACT complications that are outside the scope of the formulary.
- Family PACT core procedure to a non-Family PACT provider when the procedure is outside the technical skill or when there is insufficient volume to ensure and maintain a high skill level of the Family PACT provider. The rendering provider must be a Medi-Cal enrolled provider who bills EDS directly for fee-for-service claims. The claim must identify the provider number of the referring Family PACT provider in the appropriate field on the claim form and follow all other Family PACT billing requirements.
- Family PACT defined complication of a Family PACT core service. The rendering provider must obtain TAR approval prior to the rendering of service (except in the case of an emergency or urgent situation). The TAR and claim must identify the provider number of the referring Family PACT provider in the appropriate field on the claim form. The TAR number must also be indicated on the claim.

**Referring Family PACT
Provider Responsibilities**

It is the responsibility of the referring Family PACT provider to give all necessary claim information including the referring Family PACT provider number and all appropriate diagnoses codes to rendering providers. Rendering providers must be informed of Family PACT program policies and scope of services so that clients are not given uncovered services and are not charged for services.

Non-Medi-Cal Clinics

Community clinics, free clinics, county-operated organized outpatient clinics, Rural Health Clinics and other clinics that are not enrolled in the Medi-Cal program as an “organized outpatient clinic with surgical facilities,” as defined in the *California Code of Regulations* (CCR), Title 22, Section 51115(b), may not bill the program for emergency, examining and treatment rooms (HCPCS codes Z7500, Z7506, Z7508, Z7510 and Z7512), as defined by CCR, Title 22, Section 51509.1. A Family PACT provider must have the additional Category of Service (COS) to bill for facility use.

Anesthesiologist Services

Anesthesiologists do not need to be enrolled in Family PACT. They must be Medi-Cal providers. Anesthesiologists may bill for providing anesthesia for tubal ligations (CPT-4 codes 58670 and 58671) using the appropriate modifier without prior authorization. Core complication services require prior authorization using the *Treatment Authorization Request* (TAR) process. For additional information, see the *Family PACT: Benefits Package – Services and Procedures* [familypact16] and *Family PACT: Treatment Authorization Request (TAR)* [familypact26] sections in this manual.

Laboratory Providers

Laboratory providers do not need to be enrolled in Family PACT. They must be Medi-Cal providers. (For additional information, see the *Family PACT: Laboratory Procedures* [familypact34] section in this manual.)

Pharmacy Providers

Pharmacy providers do not need to be enrolled in Family PACT. They must be Medi-Cal providers. (For additional information, see the *Family PACT: Pharmacy Procedures* [familypact41] section in this manual.)